

_____, 2007

Director Anthony Rodgers
Arizona Health Care Cost Containment System
C/O Community Relations Administrator
801 E. Jefferson, MD-4100
Phoenix, AZ 85034
Fax: 602.252.6536

**RE: Permission to Conduct KidsCare Outreach at _____
School**

Dear Director Rodgers:

I understand the Arizona Health Care Cost Containment System (AHCCCS) has authority to collaborate with school districts to provide information and conduct outreach pursuant to state law. I also understand that longstanding state law provides that outreach and information activities performed by AHCCCS or its contractors may not reduce or interfere with classroom instruction time.

Through this letter, I authorize AHCCCS and its contractors to conduct outreach and information activities relating to KidsCare and other AHCCCS programs at the above referenced school.

I look forward to our collaboration with you to help promote the health of Arizona's children and families.

Sincerely,

Principal Printed Name

Principal Signature

☐ Yes, please send the person listed below more information about providing KidsCare information at our school.

Name

Title